FTS-CDC

Moderator: Ulrica Andujar
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1:00 pm CT

Coordinator: Welcome and thank you for standing by. All participants will be on a listen-only mode until the question and answer session of today's conference.

Today's call is being recorded. If you do have any objections you may disconnect at this time. I would like to turn the call over to your host for today, Mr. Charles Williams. Sir you may begin.

Charles Williams: Thank you. Good afternoon everyone and thank you for joining us today for our conference call for the doses administered for H1N1 vaccine for this fall. I am Charles Williams and I am a contractor with SRA International and the CRA Partner Outreach liaison.

And I am joined today by many of my colleagues with the CRA Development Team and also with the Immunization Services Division. And we'll all be available to answer any questions that you may have following a short presentation.

The purpose of today's call is to first give you a little update and some updated information on preparing for the doses administered of the H1N1 vaccine once it is available this fall. And then we will have three speakers representing three different Project Areas just to give some information on what they are doing to prepare for the tracking of the vaccine this fall, any roadblocks, any challenges and also successes.

And so after we have those brief presentations we will then have a question and answer and discussion period from everyone on the phone. That is the main portion of this call, so the beginning part will be shorter so that you have enough time to ask all the questions that you may have.

So to begin our call I just want to let you know that we are all moving forward full speed ahead to prepare for using the Countermeasure Response Administration, or CRA, to monitor the vaccine doses administered for the H1N1 vaccine.

After we begin this monitoring in the fall we will monitor over a period of time and then it will move into another alternate approach to examine coverage and coverage increases through different survey methods. And this will be a more in-depth type of statistical analysis of the coverage of the vaccine doses that have been administered.

And so there will be a period of overlap where we are still tracking the doses administered and then begin this more in-depth type of survey methods to assess its coverage.

At this time we are anticipating that this tracking and monitoring will begin October 15 so we are working towards October 15 to be the date that we actually begin tracking the H1N1 vaccine.

And as you know you are to collect the details locally and then send the aggregate counts of the vaccine doses administered to us at CDC through CRA through the three different methods of Option 1, which is data exchange from your IIS or any other data reporting or data collection system; and then Option 2, where you send us the aggregate count through the Web-based application of CRA; and then also some of you will be using Option 3 which

is where you use CRA to collect all of your detailed information and then the aggregate counts are generated and submitted to us here at CDC.

The information in the reporting is to be sent to us by 11:59 of the following Tuesday of the reporting period just as it was in the DAX 2008 exercise. And that is 11:59 of your respective time zones. And the data will be sent according to the HHS priority group.

As you know they are still in the process of discussing and finalizing these priority groups and so we do not have a definite time of when all this will be finalized but we do know that they're holding meetings tomorrow and Friday with ACIP to discuss the HHS priority groups.

And so we are asking please that you still remain flexible in preparing for the collection of the data according to the priority groups. Once this information is finalized we will definitely get it out to you through this mechanism of CRA and then also Immunization Services Division and other calls and information as it becomes available.

Data specifications are posted on the CRA Web site. Now please be sure to note that these are the data specifications that were used for DAX 2008 so where the majority of them will be similar, there will be some changes to these data specifications. Once these data specifications are complete we will definitely make sure that you guys get all the information in a timely fashion.

And if you are looking for this information on the Web page at this particular time you can find it on the 2008 Doses Administered Exercise page. We have not posted in another location at this time until we have the finalized version.

Many of you have already participated in what we are calling 1-on-1 assessments here at CDC and that's where your CDC CRA point of contact has talked with you to ask a few questions just to get a preliminary assessment of where Project Areas are in terms of preparation for tracking the H1N1 vaccine doses administered.

We are conducting these calls to help us on this side plan what type of communication we need to get out to Project Areas and also to get an idea of where the Project Areas are in planning. And then also hopefully in some cases that it may spur some thoughts on things that some Project Areas may not have thought of in terms of planning.

So if you have not heard from your CDC point of contact or if you've just not been able to meet, please feel free to contact us at crahelp@cdc.gov or if you know the contact information of your CDC point of contact, please feel free to contact them and we will schedule a conference call with you so that we can get this information from you.

And lastly we are working hard to prepare for the release of our next CRA version of 1.9 which should be available middle of July that will be used for the tracking and monitoring for the H1N1 vaccine doses administered.

Once this has been released we will be scheduling several training Webinars so that you will be fully prepared to use CRA for this fall's events.

So at this time I'm going to ask Amy to please open the lines. We're going to open the lines and once the lines are open I'm going to ask that our Project Area representatives present their information that they wanted to present today.

And then following the three presentations we will then leave everything open just for question and answer to any type of discussion that you may have. So Amy could you open the line? Thank you.

Coordinator: Thank you. All lines are now open and interactive. If you'd like to mute your line when not speaking, you may press star then 6 to both mute and unmute your line.

Charles Williams: Okay, thank you Amy. We're going to give you just a little time to make sure your lines are muted. Okay, I believe most of the lines are muted now. We just want to go ahead and get started with our presentation. And so our first speaker for the afternoon is Karen White and she is the point of contact for Minnesota and they are an Option 1 user. So Karen feel free to go ahead and start your presentation.

Karen White: Thank you Charles. We first joined the CRA when it first opened in 2007 for the initial pilot and at that time we had three public health clinics and they were scheduled throughout the two-month time period that was suggested and there were approximately 150 to 200 vaccinations per local public health agency.

So at that time we were actually an Option 2 state although we had been tracking all of our information in the immunization information system which is the MIIC system in Minnesota - the Minnesota Immunization Information Connection.

And then in 2008 we had 32 clinics that entered around 4000 vaccinations and we used our comment field to determine whether there was pregnancy, an infant in the household or chronic disease that made someone more susceptible to influenza.

And then we had the computer program determine which general population priority group the person belonged in. Then the aggregation was done using a SAS program that I wrote and every Tuesday we would use PHINMS to send this little file off to CDC.

This year we have a new enhancement that allows us to create an event and we can also create priority groups, although the ones created by HHS are already part of the enhancement. We can also add and make any changes in those priority groups and associate them with an event.

And every Tuesday morning the xml file is automatically created by the registry and then we would also use PHINMS to send that file off to CDC. So it's been working well so far. The major concern that we have at this point is making sure that all of our clients or people, local public health, and perhaps hospitals which may be administering the vaccine to their own healthcare workers, have the capability and the capacity to get high volume data entry into our system.

So that's the one thing that I'm concerned about and so that's what we have for our little Option 1 area.

Charles Williams: Okay, thank you Karen for your presentation. And again I would like to remind everyone to please make sure your lines are muted. So again thank you Karen for your presentation. And if you have any questions for Karen you will be able to ask those again after our next two speakers.

Our next speaker is Bekki Wehner from Montana and they are an Option 2 state, so Bekki.

Bekki Wehner: Hi. Montana is an Option 2 state which means that we are going to use our registry, our Immunization Information System to first source the data. Last year we did a project with all of our local health departments and they did a small if not large clinic and at that time they were able to manually enter the tier into the registry.

And then once that information along with the vaccine information was entered into the registry we created a report here at the state so that we could just take the report out and then manually enter that information, the aggregate state information, into the CRA application.

We did that at the end of the week. For all of the data that was entered within the week, we did the report, and then just put it into CRA. One of the things that helped last year was we really feel like the counties are now prepared to go ahead and collect priority group or tier information.

They've already seen it. They kind of know what they're looking for and have started to create some forms and options to view, so one of the things that we may run into later is if this gets pushed out to private providers or hospitals is that we haven't gone that far with them.

So that kind of information will need to get pushed out farther if that's what we decide to do. One other thing that we also have talked about a lot is what Karen said earlier about volume of data and making sure that our registry will be able to help them get the data in quickly so that we can get everyone into the registry, so that we can get all of the data out of the registry in a timely manner.

I think that's about it. We're a lot like what Karen talked about before, but we're not doing any electronic uploads to CRA. We're just doing that

manually here at the state. So the only folks that have access to the CRA application are a handful of us here at the state to enter that data. So that's about it.

Charles Williams: Okay, thank you Bekki. And our next speaker is Laura Ann Nicolai from Virginia and Virginia is an Option 3 state. Go ahead Laura.

Laura Ann Nicolai: Hi. Good afternoon. Just to let you all know Virginia participated in 2007 and 2008 with the DAX exercises and each year we reported about a little over 7500 doses administered. So that helped us previously get some hands-on experience utilizing CRA.

We have 35 health districts within Virginia and previously we requested that each district identify a minimum of two individuals who would have access to CRA within each district, and so the previous exercises helped us have familiarity with CRA. We do some training each year on how CRA data entry goes and also identifies some problems.

For example last year we were having bandwidth problems with our Internet connection and so this year we know that we're going to try to encourage offline use of CRA to the extent possible.

So far this year in preparing for the fall we had a conference call on May 19 with our district CRA contacts and we at that time provided an update on the H1N1 vaccine situation, let everyone know that the 2009 DAX seasonal influenza exercise was on hold.

And we requested that each district reconfirm all of their CRA points of contacts to discuss turnover and that they identify all of the individuals locally

who they want to have access to CRA and who want needs to be trained on CRA.

So that information was due to me by June 1 and I've been working to update my email distribution list within my list of all the folks who have access to CRA state-wide. And then the goal next is to send out an email reminding folks of how to request access to CRA with their digital certificate through the SDN.

And we had two tentative dates scheduled for Webinar trainings on CRA that was tentatively scheduled for July 9 and 14 because we previously thought the next edition of CRA would be available by mid to late June, but it looks like we'll probably now, based on the update Charles provided, push the training dates back to perhaps the first week of August.

So that's really kind of where we're headed. We did do a state-wide polychrome last week through our Emergency Preparedness and Response program where we updated everyone on the vaccine delivery situation to date and since June 12 I have been meeting as well as our Division Immunization Director have been meeting weekly with EPNR staff, specifically our SNS coordinator regarding vaccine delivery issues.

So those weekly meetings have I think been helpful in identifying problems and issues that we foresee in trying to come to grips with it before the fall. One thing that we are struggling with right now is that while we're an Option 3 state and we have six across our state and 35 health districts utilizing CRA, those are all limited to Virginia Department of Health employees.

And so if we release vaccine which we anticipate to the hospitals for administration we're struggling with are we going to bring those hospitals on

board to CRA or have the hospitals provide the data to the districts for later data entry into the system for reporting. So that's something that we're working on. And that's all I have.

Charles Williams: Okay, thank you very much Laura Ann. At this time we are now going to have questions from everyone that's on the call. We do have Ms. Jeanne Tropper on the phone who is our CRA program lead, and then we also have Warren Williams and Howard Hill from Immunization Services Division. And also Toscha Stanley.

And we're going to ask that you please have questions regarding CRA and preparing for H1N1 tracking and monitoring as opposed to having vaccine questions. There is a call every Thursday if you have not been attending that you can ask your vaccine questions. And if you would like that information we can also send that to you in case you have not been on those calls.

So we ask now if you have any questions to please ask and announce who you are and where you're from before your questions and we can begin now.

Laurel Wood: Hi, this is Laurel Wood in Alaska. On the other conference call that you were just referring to there's actually been a good bit of discussion about the need for the CRA information to go through all the priority groups and the tier groups.

When this was initially established it was clearly done, as all of our pandemic planning has been done, on the basis of limited vaccine availability. Since we're not going to be, at least it doesn't appear that we're going to be in limited vaccine, why do you feel that we really need to collect this categorical information?

I completely understand CDC's need to know how much of the vaccine is being used, but why do you think that we need to go into the priority?

Warren Williams: Laura, this is Warren Williams. I think that's a good question and it's certainly something that is a cause for debate and concern. At this point we're preparing as though the decision to collect according to priority groups is still there and should that change we'll make those modifications.

And so it's certainly something that has been considered and whether that changes that we don't need to collect on that different set of priority groups is part of the decisions that we're kind of awaiting to get clarification on.

And so we were trying to work the plan according to what we knew which was to set a priority group.

Laurel Wood: Warren, what would help me is I'm talking with people in my state, and regardless of what the answer is to that, who's going to be prioritized or not, could you tell me how you could perceive that this level of information could be used at CDC?

Warren Williams: Well, I don't think we know totally what the supply things are, at least for all aspects. I don't think anything is confirmed yet and I think the issues are that we're trying to track with the level of accountability that we can according to the plan that we have so far.

And there's a chance it could change and we just haven't quite been able to figure out all of that as of yet. Toscha - is there any more new news on that front?

Toscha Stanley: Hi Warren. No, actually I didn't chime in because I really didn't have anything additional to add to that. But like you said there are conversations about our discussions about the use of tracking via these priority groups. And as soon as this changes we do plan to get that information out.

But as of now the plan is to track even early on doing the H1N1 vaccination campaign. And we're just not sure how long it will last or anything - if we will continue to track throughout the entire campaign, if there is one.

Laurel Wood: Well, and I'm beating a dead horse here but I'll just make this statement and then finish. I completely understand that we don't know the answer yet. As we're having these discussions within our state though I'm trying to come up with what I consider would be a rational reason of why we would need to know this level of information in the tier groups.

And so I was really just looking not for the specific answer of which tier groups as much as if we did these tier groups, what would be done with that? How would that be helpful to the national effort? And if you said everything that you know to say that's fine and I understand that. I was just trying to look for actually some argument that might or might not be helpful in our own discussions in our state and then I'll be quiet. Thank you very much.

Warren Williams: Thanks Laura. Good point.

Tai Fasorant: Hi, my name is Tai from Houston. Could somebody please explain the difference between an Option 1 and Option 3 site? I didn't quite get that.

Warren Williams: This is Warren and I'll take a stab at that. An Option 1 site will typically use a state-based information system such as an immunization registry to collect the

detailed information and then electronically report it in through the CRA system.

The Option 3 users are the ones that use the CRA application specifically to collect the clinical details and then that information is aggregated and reported up to CDC through a Web service.

Tai Fasorant: Okay, thank you.

Jack Sims: This is Jack in Texas and I had a question about what is the real logic of going to the NIS if the CRA remains as the primary reporting system? We just haven't heard enough about that to be able to understand the logic behind a decision like that.

Warren Williams: The coverage assessment phase of the response kicks in after there's a certain amount of vaccines that we believe is in the community and that can be picked up by survey methods such as the NIS. And so there has to be enough penetration of the vaccine into the communities before it can show up into coverage assessment tools like the NIS.

And that's why that will kick in at some point after the initial phase of monitoring doses administered. And so there are a couple of options that are on the table for that - NIS and VRS assessment techniques.

So that's why that kicks in later to monitor a more traditional coverage assessment type scenario.

Jack Sims: Well, I'm still not really making the connection but I understand what you're saying.

Karen White: Warren, this is Karen White. I have a question about the codes that we will be used to specify what product is being administered. And knowing from the Thursday afternoon calls we've known that there are five different companies. Some of them are using cell cultures. Some of them are using the traditional egg model and from our nasal and these are all different vaccines.

And I'm wondering if we need to be specific about that particular brand that they're using and if things need to be categorized that way when we send things off to CRA.

Warren Williams: Right. Yes, this is another one of the issues some of us are spending a significant amount of time on trying to come up with a pattern of the vaccines that might work to classify for the reporting purposes just as you mentioned.

So there are five different manufacturers that are making various different combinations of the vaccine and delivered IM or through nasal and whether or not it's going to involve adjuvanted or non-adjuvanted vaccine and all these things that get factored into the various permutations and combinations that the manufacturers are looking at.

Comment [f1]: ?

And so we're trying to work on that as best we can. There's certainly a lot that's unknown and we may have to create some vaccine type codes that we actually don't use but we could put out so that people can get prepared to report on them.

And so those are some of the things we've been analyzing and discussing. So hopefully we can get some decisions on that before too long and put the guidance out there so that they can be programmed in for normal tracking as well as CRA reporting. So it's coming.

Karen White: Okay. I have one other question - are there parts of CRA that will be used for adverse event tracking beyond VAERS surveillance for example?

Warren Williams: I think CRA has some features for the Option 3 users that they can click on to get to the Web form that you can fill in a VAERS report for people who would be wanting to report one of those. But my understanding is that will still typically follow the normal routine of providers who want to report a VAERS event.

Karen White: Okay. And so the normal routine for adverse events is to use the usual VAERS Web-based system?

Warren Williams: Yes.

Karen White: Okay.

Jeanne Tropper: Hey Warren. This is Jeanne. On the last question from Alaska I was going to pipe in but instead of hitting my mute button to un-mute, I actually cut myself off.

So one thought I had though was that, and you may have concluded with this, was there was all kinds of work done on why we would collect that information and also since there's a lot of unknowns as to whether there is likely to be a shortage or not, at least in the early stages.

What I thought was perhaps we could put together a statement that would help because it sounded like internally it would just be helpful to have that more clearly stated as we're working through the ultimate decisions, etc.

Warren Williams: Sure. That's a good idea.

Laurel Wood: Thank you Jeanne. That would be a help. I'm pretty confident Alaska isn't the only state where these kinds of discussions are occurring.

Jeanne Tropper: Yes, you're right and it's been a big thing and it's a challenge because we have to be prepared. We can't go forward and then have at the last minute be expected to do this and not having put the preparation to do that. At the same time it's a lot to prepare and so forth.

So we're in challenging times with trying to balance all of that but we can't assume that there won't be a shortage or that there won't be a need at least early on. We do expect to move to the more survey based statistical approaches later, etc.

But anyway, we'll try to do that because it does come up a lot and we certainly understand some of the issues. The other thing is regarding the VAERS. We do have a link through the Option 3 folks and I know not everybody's using that. But for the general overall we also provide the denominator information for the VAERS folks to determine whether something is a significant impact or not.

But we're happy to provide more information on the Option 3 piece for those who are interested.

Penina Haber: My name is Penina Haber. I'm at the CDC in safety. We would like to hear more about this and talk to you about how we can enhance this VAERS option.

Jeanne Tropper: Yes - we plan to get together with you hopefully in the next week, couple of weeks.

Penina Haber: Okay, thank you.

Jeanne Tropper: Great.

Laura Ann Nicolai: Hi, this is Laura Ann Nicolai from Virginia. I have a couple of questions actually. I will just start with the first. If adjuvanted vaccine is being used and that's being reconstituted or combined on site, do you expect that the adjuvant information and the vaccine component information would be captured in CRA that you wouldn't need to be capturing two pieces of information like about a lot number or something similar?

Warren Williams: Yes, that's certainly going to be a challenge. And that's one of the things we're think that is complicating a lot of these decisions about what we track on is how to do that and how if an adjuvanted and a non-adjuvanted vaccine are required and does that mean two lot numbers and all of this kind of stuff that has to be tracked - especially for the Option 3 users.

It's a significant concern that would take some modifications to the system that we've thought about and what that's going to mean as far as tracking purposes and for aggregation purposes. So it is a concern and something we're wrestling with.

Laura Ann Nicolai: Okay, my next question - since we are an Option 3 state, for better or for worse all of our eggs are in the CRA basket. And we were really certainly encouraging implementation or creation of an inventory tracking module within CRA.

I was just wondering how that might be going or if there's any kind of update on that or anything to report in regards to an inventory tracking module.

Jeanne Tropper: Hi, I'm sorry. Can you repeat that?

Laura Ann Nicolai: Sure. That's okay. This is Laura Ann in Virginia. We had mentioned previously in conversations as a suggestion for an enhancement CRA would be some type of a module or capacity to do inventory tracking like inventory management or tracking and if plans are in place to kind of add to that - if anything is moving forward with that or not.

Jeanne Tropper: The full inventory tracking has been generated on the market so there's already market available inventory. But what we've actually been talking about was the concept of linking the distribution to the administration to have that full link.

And what we talked about is linking that may be external to CRA as one way to do it but another would be to load in the inventory and then have a simple decrement as it's being used and it probably would be easier to do when you're doing let's say in Option 3 because I'm not sure how it would work at the aggregate level.

So it's something that we've been looking at and looking at in fact in relation to the fall but I can't promise anything. And Guy, I don't know whether you want to comment or maybe we could have a conversation offline with you on that on what we're thinking.

But those are some of the areas that we've been thinking around; now may be a good time to do that.

Laura Ann Nicolai: And I just have one more question. Thanks for y'all's patience. Do you have more specifics about the release of the next version in July and possible training dates?

I know the district that's here are all gung-ho and antsy and I was initially planning on sending out some more information to them in July but it sounds like I need to hold off until August. Is this kind of tentative as far as training purposes?

Jeanne Tropper: Yes. Guy, can you comment and it should not be beyond July by any means. But what is the exact date that we're looking at now?

Guy Faler: Yes we're working - I don't have a calendar in front of me. I think it's the 20th but it is the second half of July; I think you're fine. We're having a little bit of an issue with some of the security mechanisms we have here and sometimes our footing is not very sure going into a release cycle.

But we've worked through that and I think if you're looking at the second half of July you should be fine.

Jeanne Tropper: Yes, and we're anxious to get that out as well. With H1N1 we did have to extend a bit beyond where we had hoped to be.

But at the same time we obviously need this for the fall. Charles will normally send out a note to say when it's going to be available and then we're going to have Webinars after that to highlight the changes, etc.

So we should commit to being able to get something out next week to let you know what the exact dates are going to be.

Laura Ann Nicolai: Great. Thank you.

Jack Sims: This is Jack again. I have a couple of requests to consider. The first is, since we are likely going to have to involve private sector broadly as vaccine administrators, to request that for doses that they give that they only be aggregate doses administered and not by tier group. We probably could handle the tiering in public health sector but the private sector's going to be very difficult to get them to report at all.

And the other request is to consider some other timeframe for reporting other than weekly. That's going to put a huge burden on our IT systems and we're going to have to be revising all of those systems and how they talk to each other as it is. So thank you.

Warren Williams: Thanks Jack. Those are good comments.

Jon Bergeson: This is Jon Bergeson from Connecticut. Question for Laura Ann from Virginia with respect to your bandwidth issues you discussed. Now for your county districts, when you talked about your bandwidth issues was that on a state system back to state DPH or was that directly onto the CDC system from each one of your sites?

Laura Ann Nicolai: The bandwidth issues that we had last year was a Virginia specific problem. It was in relationship to our Virginia Department of Health bandwidth in our capacity which we think hopefully it's been resolved.

But in a situation like this where we're going to have lots of folks on, even more than we've had in our doses administered exercises, on a continuous basis it could certainly be a problem again.

In 2007 we had a problem with CRA timing out and that was a CDC problem as I understand. I don't know if it was something with the servers there or what the situation was. So we've had Internet connectivity problems both years that have been frustrating, but last year it was a VDH problem.

Jon Bergeson: Okay thanks. Yes, I recall we had some timeout problems in 2007 ourselves. I was just concerned because if it was going on to the CDC system and looking at Connecticut we've got around 50 health departments and districts and if you had trouble with 35, we would definitely looking for trouble with 50. Thanks Laura Ann.

Laura Ann Nicolai: Sure.

Guy Faler: Yes, this is Guy. I wanted to chime in real quick on the timeout issue. Yes, that was back in 2007. I'm pretty sure nobody was having an issue like that in 2008.

Back in 2007 we had an issue with the data center. There was something that they had in their configuration that was incorrect and it basically was deleting sessions, timing them out after a certain amount of time.

But we've worked with them to make them understand that there was an issue and they resolved it so I don't anticipate we're going to have a situation like that going forward.

Warren Williams: That's a good experience with pilot testing before reality sets in.

Guy Faler: Absolutely.

Warren Williams: A lesson learned from that.

Jeanne Tropper: Yes, and this is Jeanne Tropper. I just want to remind people -- and of course we'll be highlighting this when we do the release -- that we now have the offline capability with full synchronization that can address so that people can deploy it locally and then message to the CDC as opposed to having to be online.

And again it's just another option for you all to have so that to make it as amenable as possible.

Emily Peterson: Hello. This is Emily Peterson from Minnesota. Charles you mentioned early in the meeting that the data specifications were going to be changing. Could you give that idea of what you mean by changes?

Charles Williams: Actually Warren can give you the update on that.

Warren Williams: Hey Emily. This is Warren. We know of a couple of potential changes that will be involved. As your colleague mentioned there's an issue about classifying and labeling the potential vaccines so that would be reflected in the form of a couple different CVX codes that will fall into the report specification for that.

And then depending on what happens with the priority groups we'll have to make changes to the labels and codes for that.

Emily Peterson: Oh, so there are no data elements being introduced?

Warren Williams: At this point we don't think there's going to be any new elements introduced but obviously those things need to be reclassified for what we were expecting to have to fix.

Emily Peterson: Okay, that's easy enough. Thank you.

Warren Williams: Does that help?

Emily Peterson: Yes it does.

Warren Williams: Okay.

Joe Marino: Hi, this is Joe Marino from Connecticut. You mentioned that there was going to be training no later than July, and as a lot of people are on vacation in the summer and with the fact that you have possibly 2-1/2 months before the first clinic starts - are you thinking that you might have a second date of training closer to when the clinics actually begin or some sort of refresher training?

Charles Williams: Oh, yes, we're going to have several training Webinars and dates. That's just when we're planning to have the first one. And so once we get all those finalized we will get that out to you guys.

Joe Marino: Okay, great. Thanks. That answers my question.

Tai Fasorant: Hi. This is Tai from Houston. I just want to ask if you will make a summary of this call available by email. Do you have any provisions for that?

Charles Williams: We will have a recording of this call on our Web page once it's available if that's what you're meaning. And along with that will come a transcript.

Tai Fasorant: Okay, that's what I'm talking about. Thank you.

Charles Williams: Okay. We will have it posted on our Web page as soon as we can.

Tai: Okay, thank you.

Susan Lincicome: Yes, this is Susan Lincicome in Florida. We're an Option 1 state and I have a question about how quickly we can get the specs for file uploads because the Option 1 states obviously will need to make some changes in their system. We certainly will base those on tier grouping and that kind of thing. How quickly will we be able to get those specifications?

Warren Williams: I think as soon as we know. I think we'll probably know the vaccine type configurations or at least have a guess about it pretty soon. I think the priority group stuff is going to take a little bit longer until that gets figured out.

So I guess as soon as we know on the priority group issues then a few days to a week and we should be able to put those out.

Susan Lincicome: Okay, is your next release of CRA going to include the priority group?

Warren Williams: Well, I don't think it can. I mean, unless we know what it is in time to make those changes.

Guy Faler: Yes, well, so with CRA, the priority groups basically are defined with the data and how we set up the events so we can define the groups on the fly for example.

So basically what is there is a general capability. So the release is not necessarily specific to the priority group. So we'll put out the release and we'll again have our aggregate capability when we get the new information about the priority groups if they change. But we can go to CRA and configure the new groups with the production system and be ready to go.

Warren Williams: I think the release that's coming up in July is not necessarily features that affect the priority group's ability to organize and remodify the ones that are already there. There are other enhancements.

Susan Lincicome: Okay so you have some flexibility in identifying those events or campaigns?

Warren Williams: Yes. For the Option 1 users you're right. You need that information so that that report spec can be spit out and generally we think at this point the things that are going to change are the things that we talked about earlier with Emily from Minnesota that the vaccine type codes will have to change a little bit to match the H1N1 vaccines and then changes to the priority group and how we've done that in the past.

Susan Lincicome: Okay, thank you.

Warren Williams: Yep. We know where the change is going to be. We just don't exactly know what it's going to be if that makes any sense.

Marion Kainer: This is Marion Kainer in Tennessee. I was wondering - the July 20 release, will that have a messaging to Immunization Information Systems in it?

Warren Williams: Yes.

Marion Kainer: Right, and then just another request. Would it be possible for you to record the Webinars, which you are applying for the training? We are considering the possibility with an Option 2 state but they're considering deploying Option 3 locally as a method of getting a lot of data into our immunization system, for example at schools or at hospitals.

And so we will need to train for example the employee healthcare hospitals. And so it would be nice to have training modules or something available for those populations.

Charles Williams: All of the training Webinars will be recorded. So if you want the recording we post them on our Web page and you can download them and use them.

But we also will have some reference guides available too that you can use for these trainings as well so all of them will be recorded and we can work with you to get it to you.

Marion Kainer: Thank you.

Charles Williams: Are there any other questions?

Tony Aragon: I have a question. This is Tony Aragon from Texas. As far as the safety and reporting in VAERS, will we be responsible for reporting the adjuvant as well on the VAERS form - the provider will be reporting that?

Penina Haber: I would expect yes. This is Penina. It is important to report it also. There will be a specific code for it. There will be the definitive of the name for the vaccine.

Tony Aragon: Okay, thanks.

Charles Williams: Okay, are there any other questions? Okay, well thank you very much for joining us and if you have any other questions that come up feel free to email us and we'll get back to you. Thank you and have a nice day.

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